Oxford Preparatory Academy — South Orange County Charter School Intent to Re/Enroll Form for purposes of requesting facilities DUE Back to the Charter School by OCTOBER 28, 2010!

Dear current and potential Oxford Preparatory Academy - South Orange County Charter School parents/guardians:

Under California law (i.e., Proposition 39) the Capistrano Unified School District must provide the Oxford Preparatory Academy—South Orange County Charter School reasonably equivalent school facilities in which to operate the charter school. This Form may be used to support the Charter School's request for facilities. By submitting this Form, you are indicating that you are meaningfully interested in enrolling or re-enrolling (as applicable) your child/children in the Charter School's classroom-based program during the 2011-12 school year.

Thank you very much for your support and cooperation!

Name:	Grade in 2011-12:
Last, First, Middle	
Home Address:	
Street City, State Zip	
Home Phone:	Age: Date of Birth:
one) Resident of Capistrano Un	ry Academy – South Orange County Charter School student? Y/
	ool within the District your son/daughter would otherwise attend:
Name:	Grade in 2011-12:
Last, First, Middle Home Address:)
Street City, State Zip	
Home Phone:	Age: Date of Birth:
one) Resident of Capistrano Un	ict school you would otherwise attend:
Parent/Legal Guardian Nar	me:
Last, First, Middle Home Address:	
Street City, State Zip	

By signing below, I am indicating that I am meaningfully interested in [re-enrolling]/enrolling the above named child(ren) in Oxford Preparatory Academy – South Orange County Charter School for the 2011-12 school year. I understand that signing this Form does not guarantee enrollment in the Charter School. I further understand that this information will be disclosed to the Capistrano Unified School District to support the Charter School's request for facilities under Proposition 39, and that the District may contact me directly to verify my response.

Signature of Parent/Legal Guardian: ______ Date:_______
IMPORTANT!! Please complete this form by October 28, 2010 and either:
Scan and email to opasoc@gmail.com; or

Fax to: 949 - 305 - 5564, Attn: OPA SOC Staff